#4

No. 32.

An Essay on Dysentery

By Wm. B. Price of Virg.

passed March 16. 1816

Contag - inflam. fever
freq: muc. or bloody stools -

Gentlemen,

The object of the following Essay is to treat of the Dysenteria or Dysentery which has also been called Bloody flux, Rheumatism, Catarrh &c. of the bowels.

In Cullens Nosology Dysentery is placed in the class Pyrexia and order profluvia and is defined to be a disease in which the patient has frequent stools accompanied with much griping and followed by a tenesmus.

The stools though frequent are small and the matter voi=ded is chiefly mucous sometimes mixed with blood.

The natural faces seldom appear and when they do it is generally in a hardened state.

This disease generally prevails in Summer and Autumn in combination with the Bilious Remittent, and Intermittent fevers of the season. It is sometimes accompanied with a discharge of mucous matter, without any appearance of blood forming the disease which Doctor Roderer has named the morbus Mucosus and others the Dysenteria Alba.

The discharges are so often mixed with blood that on this account it has received though very improperly,

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the appellation of bloody flux; but in the Dysenteria alba or Morbus mucosus no blood is discovered, yet who will deny that this is one of the varieties or forms of Dysentery.

Besides there are many other diseases in which blood is mixed with the faces without any other appearance of Dysentery.

This disease is often ushered in by the usual symp=toms of fever, shivering and other marks of a cold stage, which are soon succeeded by an increase of heat, thirst and in a short time by the symptoms characteristic of Dysentery; but at other times the local symptoms make their first appearance. In many cases it is preceded by a troublesome Diarrhoea which depriving the Intestines of their natural secretions renders them more tender and susceptible to the impressions from the acrimony of the faces.

This state is soon succeeded by all the symptoms peculiar to this tedious and troublesome disease.

In other cases there are from the commencement severe griping, tenesmus, and bloody and mucous stools.

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preceded by various symptoms denoting derangement in the primæ viæ as flatulence costiveness eructations &c.

The natural discharges are often retained for a consider=able time in the course of this disease and when they do appear are in the form of hard Scybalæ which seem to have been lodged for sometime in the cells of the Colon a discharge of these whether procured by purgatives or otherwise never fails to afford relief to the patient from tenesmus griping &c.

It has been remarked by some authors that they have detected small portions of cheesy and suet like substances in the evacuations by stool and have actually attempted to account for their presence, than which nothing can be more absurd. I have on examining the stools of Dysen==teries observed small portions of the villous coat which had been abraded and passed off by stool, but nothing of the substances above alluded to.

Mixed with the slime there is often discharged a thin watery fluid which is the cause of very severe pain partly on account of its stimulating quality, and partly

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This watery humour Dr. Rush believes to be a morbid secretion from the Liver, and calls it "Diabetes Aquosus Intestinalis". I think the opinion highly probable as this viscus is so often diseased in those cases, and I have observed the discharge to take place particularly when the Liver was highly diseased as was evinced by the yellow tongue, sick stomach, and sallow appearance of the Skin. The appearance of the tongue in those cases I have had an opportunity of observing was generally dry, yellow, and furred on account of its partaking so much of the nature of the then prevailing Epidemic (to wit the Bilious Remittent Fever). This disease prevailed with Bilious fever in the middle parts of Virginia during the latter part of last Summer, which was excessively hot and dry. I am of opinion with Doctor Sydenham that it is a "fever of the season turned in upon the bowels" for the whole number of cases I observed were attended with many symptoms in common with the prevailing Epidemic and the patients were always extremely bilious.

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It was generally ushered in by a chill succeeded by an increase of heat thirst pain in the head sick stomach quick frequent and full pulse, to which there soon super=vened violent griping pain of the bowels tenesmus and a frequent discharge of mucous matter sometimes with at other times without the appearance of blood.

The last symptom was not a constant attendant but often absent during the progress of the disease.

A sanguineous discharge is sometimes observed to take place in Dysentery and often proves salutary in relieving the local affection of the bowels when the force of the pulse and strength of the patient can bear it.

Procidentia Ani and Strangury are often present in this complaint but they appear to be accidental symptoms, and not essential to the disease. The former is evidently produced by the constant and violent straining efforts of the patient, and the latter manifestly derived from an inflammation of the neck of the bladder.

In almost every case of Dysentery Worms are observed and have by some been supposed to constitute one of the

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causes of this disease though I should rather consider them the result of a morbid state of the bowels, as they occur in many other diseases as Dentition, fever &c. of children.

I shall in the next place proceed to make some remarks relative to the causes of this disease. It is always observed to be most prevalent in Summer and Autumn after a long continuance of very hot and dry weather. In Warm climates and the warmest seasons of those climates it seldom fails to prevail with great rapid=ity. It is most commonly found to accompany the Bil=ious Remittent and Intermittent fever and from this circum=stance of coincidence Doctor Sydenham was led to call it a "fever of the season turned in upon the bowels."

The causes of Dysentery have been and continue to be the subject of controversy. Many believe that there is but one cause viz Contagion. Doctor Cullen supposes it to be eminently contagious and is of opinion that it never arises from cold unless the contagion existed previously locked up in the system; when it proves only an exciting and not a remote cause of the disease.

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I am diametrically opposed to this opinion and do believe that it often arises from the application of cold to the body particularly the feet, of which we have daily examples in delicate females who have been exposed to cold wet weather.

In these cases contagion has no share in the production of the disease. The causes of Dysentery are all such as produce the Intermittent and Remittent fevers, as Koino and Idio Miasma Cold &c. I have no hesitation in asserting that this disease is never contagious when it prevails as an Epidemic and arises from Koino miasmatic exhalations, unless combined with Typhus. If we contend for its contagious nature under every circumstance we shall be forced to include with it the common Bilious fever as a contagious disease with which it is so often combined and arising from the same identity of causes. The principle source of Camp Dysenteries which have always been considered contagious is the putrid effluvia arising from the filth of the camps and privies corrupted by the discharges of Dysenteric patients.

Doctor Barton says that he cannot agree with Sir John Pringle who believes that the disease is communicated

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from the body of one person to another; but observes that he is the last to deny that it is not taken from the corrupted effluvia and it is in this way rendered Epidemic by the general constitution of the Atmosphere.

He farther states in confirmation of the above that he has frequently been seized with Dysentery after examining the stools of his patients which he seldom fails to do.

From the whole of the preceding account I think it sufficiently established that the idea of a specific con=-tagion being in every case the cause of this disease is futile and fanciful.

Respecting the proximate cause of diseases we are little informed and in fact whoever attempts to handle this wonder=-ful subject, upon the least reflection, soon discovers his entire inability to shed the smallest possible light, and in a little time is perfectly willing to relinquish his pretensions and acknowledge the entire ignorance of the mysterious operations of the animal machine in this case.

Notwithstanding all this I will introduce Doctor Cullens supposed proximate cause, and slightly touch

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The Doctor supposes the bowels to be in a preternatural state of constriction particularly the Colon; and upon this principle accounts for the retention of the natural faces, which being retained in the Colon are the cause of the griping frequent stools and tenesmus.

In attempting however to refute this opinion of a spasmodic affection of the bowels constituting the proximate cause of Dysentery beg leave to call your attention to one of the diseases of this Class, as for example the Colica pictonum what do we observe here?. Do we not discover violent and constant vomiting, a hard and contracted abdomen, and most obstinate costiveness witnessed in few diseases, so much so as to require the most potent means for its removal, as purgatives of the most active kind venesection warm Bath, Blisters, Opium the internal use of Tobacco &c.

We discover nothing of this in Dysentery, we have none of those violent and unmanageable symptoms in this disease, even in cases of the most violent character we discover nothing to equal the above hence I consider

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it reasonable to infer that it cannot be a spasmodic affec=
=tion of the bowels and therefore must explain its nature
in another manner. It appears more consistent, from
the frequent hard small pulse and buffy appearance
of the blood, which so often takes place in this disease,
to suppose an active inflammation and excitement of the
mucous membrane lining the bowels, to constitute the
proximate cause or in the language of Gaubius "ipse
Morbus". Admitting the above to be correct of which I
have no doubt it will not preclude us from an opportunity
of accounting for the retention of the natural discharges so
common to this disease and which Doctor Cullen supposes to
depend upon a spasm of the bowels.

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I would ascribe the cause of this retention to an increased
morbid excitement and inflammation of the bowels in conse=
=quence of which their natural action is abolished: no
more happens here than in an inflamed Muscle whose
natural function is destroyed or rendered extremely painful
on account of its diseased condition.

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and a history of its causes I shall in the last place proceed to treat of its cure.

The great military operations on which the welfare of nation depends, are often frustrated by the ravages this disease occasions in camps; though it is not confined alone to the Army it seems particularly malignant among Soldiers, on account of their inattention to cleanliness proper diet and cloathing.

In consequence of its destructive nature medical men have for a long time been engaged in attempting to arrest its furious progress, but after all their efforts and the pursuance of the best plan of treatment, it too often proves triumphant over the debilitated powers of nature.

In the treatment of this disease we should be governed as in all others by the fluctuating states of the system, having some regard to the nature of the reigning Epidemic, mode of living, civilization and situ=ation of the place, for in all low marshy places it is an observation worthy of remark that patients bear less depletion and particularly that by the lancet than in an

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opposite situation. If in this disease as in all others the state of the excitement and pulse indicates the necessity of venesec=
=tion we should not hesitate to use it and that largely in order to secure the bowels from destruction.

In the Dysentery which prevailed in Kiel in Holstein in the year 1794 it is stated that bleeding was altogether inadmissible and the disease yielded entirely to Bark, every kind of depletion was injurious, Doctor Sydenham also man=
=aged this disease by the exclusive use of Laudanum.

The preceding cases are well calculated to shew the great necessity of attending strictly to the pulse and varying states of the system in prescribing for a disease, for the same disease at different periods require opposite modes of treatment. The primary and most important curative treat=
=ment of Dysentery consists in the free exhibition of purga=
=tives. The contents of the bowels are to be evacuated by those of the mildest kind as the Oleum Ricini, which is a valuable medicine in this disease also the Flowers of Sulphur, Glauber's Salt or the phosphate of Soda and Calomel. Respecting the use of the last as a purgative

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which has been so generally condemned by Practitioners in this disease I have had repeated trials with where the patients were very bilious, and have never discovered it to produce any bad effects: on the contrary it seldom failed to meet my most sanguine expectations in discharging large quantities of dark bilious matter to the manifest relief of the patient, and in such cases I consider it as mild and effectual in its operation as any other Cathartic. When the Calomel given alone fails to produce the desired effect I have always assisted it by a dose of Castor Oil so as not to suffer it to remain in the bowels more than 6 or 8 hours.

After relieving the patient of the immense quantity of bile present in the bowels, if the disease should continue unsubdued I then use the Oleum Ricini, Phosphate of Soda or an Infusion of Senna and Manna in order to procure a stercoraceous stool every day provided the patients strength would justify it.

The propriety of administering Rhenbarb recommended as a purgative by many authors in Dysentery I am very

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doubtful of; particularly in the first stage as it is in its nature too irritating to the bowels and on the other hand it never fails to leave them in constipated state, and hence its great application to the cure of Diarrhoea.

When the Stomach is free from oppression and not indicating the necessity of an Emetic and above all if there are no bilious symptoms present demanding the use of Calomel Then commence the cure with repeated small doses of Salts and Ipecacuanha which in such cases always prove highly useful as they both open the bowels and determine the circulation to the surface of the body, which last is an important point to be gained in the cure of this disease. Calomel given in small doses combined with 1/4 or 1/2 grain of Tarterized Antimony or 4 or 5 grains of Ipecacuanha and a small portion of Magnesia repeated every two hours seldom fail to produce one or two natu=ral stools in the course of the day.

The Calomel seems to have a peculiar effect independent of its purgative operation.

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Emetics. These have acquired but little reputation in the cure of Dysentery of this Country and have always been confined to the first stage, but whenever the stomach is loaded and excitement considerable, they not only evacuate the contents of this organ, but at the same time purge smartly, determine the circulation to the surface of the body lessen excitement of the bloodvessels, and may be used with safety and advan=
=tage in the advanced stages of this complaint, if the patient possesses sufficient strength to bear them.

Many different kinds have been used Doctor Barton prefers the Ipecacuanha to all others; the Vitrum Ceratum Antimonii has been used by some and was once very much extolled in the cure of this disease but it is now laid aside on account of the roughness and uncertainty of its operation.

Doctor Cullen believes the good effects of Emetics to depend upon their purgative operation and Doctor Moseley on their exciting Diaphoresis, Doctor Barton is of opinion that both Cullen and Moseley are incorrect as he has seen the best effects result

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from small doses of Ipecacuanha so as to exert no sensible operation upon the system and he has actually combined a small quantity of Opium with it to prevent purging it seems therefore says the Doctor to have a specific action unknown to us as in Hemorrhagy.

The Dysentery which prevails in the middle parts of Virginia cannot be managed without the repeated use of Emetics.

If the patients should chance to be very bilious, they seldom fail to discharge large quantities of bile, determine to the surface and frequently procure stercoraceous stools, which last effect will be more likely to happen provided a small quantity of Tarter Emetic is added to the Ipecacuanha which constitutes a very valuable Emetic in this disease.

Diaphoretics. These are remidies highly beneficial in the cure of Dysentery particularly if the skin be hot dry, and the disease has arisen from the application of cold to the body. The Dovers powder is well calculated to promote perspiration, provided the excitement is sufficiently reduced to prevent its operating too much as a stimulus ---- to the system; this precaution should always be attended to

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The Asclepias Decumbens has acquired some reputation in this disease which should be refered to its sudorific quality alone, says Dr. Barton.

When the arterial excitement is so great as to prohibit the use of Opium, I have found small doses of Ipecacuanha given and repeated at such intervals as to keep up a sup=portable nausea, for 6or 8 hours, produce the most salu=tary effect, by increasing the secretion on the skin, and afterwards opening the bowels to the great benefit of the patient. The Tartar Emetic is not without its advocates in this disease, Doctor Cullen particularly, who gives it in small doses entirely with a view to its laxative effect.

I should give the preference to Ipecacuanha when managed properly both as a laxative and diaphoretic.

The character of Opium when managed properly in this disease is very little inferior to any of our remedies and cannot under certain circumstances be dispensed with yet the greatest circumspection is necessary in its use; Sydenham after the exhibition of a few purgatives trusted

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the cure entirely to it, Cullen on the other hand opposed its use, as he believed it increased the constriction of the bowels which he considered the proximate cause of the disease, he asserts that it is the neglect of purging that renders Opiates necessary, this is certainly contrary to the prevailing opinions among medical men of the present day.

Doctor Barton believes Opium may be resorted to and used with advantage after procuring stercoraceous stools.

This rule is too general. We should be governed by the state of excitement. The pulse may remain active notwithstanding the free evacuation by the bowels, and of course Opium would be inadmissible. The proper time of exhibiting this medicine is in the intervals of giving Cathartics, what would be the effect of a combination of Opium and Calomel in this complaint?

To produce revulsion from the bowels Blisters are of the first importance in this disease.

If the pain and danger of mortification are great this remedy should be resorted to without delay.

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of Opium. Where the excitement is considerable they should be preceded by a liberal use of the lancet, if warranted by the violence of the symptoms: in this way the bowels are often secured from destruction.

When applied near the seat of the disease they are more likely to prove serviceable in this as in all other cases.

But the great pain and inconvenience arising from the application of Blisters to the abdomen will often lead us to suspend their use for some time, perhaps to the great injury of the patient, in such cases much benefit will result from an application to the ancles inside of the legs, Wrists and thighs.

Salivation was once a favourite remedy with Dr. Barton in this disease; at one time he believed it would uniformly succeed. The success of his practice in 1795 went somewhat in support of this opinion for he seldom failed where he could induce a ptyalism. His great dread is a Caries of the Jaws or hemorrhage from the bowels, this last is only the consequence of an imprudent use of the remedy unless some great peculiarity should attend the habit of the patient.

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Having no experience with Mercury as a remedy in this disease I am unable to say what might be the result of its more liberal employment. Yet the frequent occurence of derangement in the Liver, either as a consequence or a cause, induces me to suspect that it is too much dreaded and neglected by Practitioners. We should reflect that we are practising in a bilious Country and Mercury the great agent and specific in derangements of the hepatic system is well known to all medical men.

To relieve the painful local symptoms which often occur in the progress of this disease as griping &c. flan=nels wrung out of a warm decoction of Chamomile flowers applied to the abdomen also the free use of an Infusion of Chamomile, and of absorbents as Chalk and Magnesia are highly beneficial. To defend and protect the inner coat of the bowels from the acrimony of its contents, mucilaginous drinks should be administered freely, such as solutions of Gum Arabic in milk, preparations of Barley, arrow root, Rice &c. by the mouth. We should also make use of Glysters of Starch, Linseed tea, Olive Oil and other mucilaginous -

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substances, several times a day, with or without Laudanum, as the symptoms may demand.

The tenesmus is often so frequent and violent as to require a profuse use of Laudanum both by the mouth and Glyster. I have myself given from 80 to 100 drops by way of Glyster to a girl eight years of age such was the irritability of the Rectum.

The introduction of the pipe into the Rectum often excites considerable irritation, to obviate this a pill of two or three grains of Opium may be introduced.

Although Astringents are highly prejudicial in the commencement of this disease they are notwithstanding very beneficial in the advanced stages of it, where it is kept up from debility and relaxation of the bowels; the most approved are the Kino, Catechu, Logwood, equal parts of Aqua Calcis and milk have also been recommended for a customary drink.

To complete the cure Tonics are often rendered necessary such as an infusion of Chamomile flowers, Radix Serpen=
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the free use of Porter together with a light nutritious diet and gentle exercise proportioned to the strength of the system.

The use of flannel to the surface will often secure the patient from danger of a relapse by keeping up a due degree of action in the Vessels of the skin.